

Consumer initials: _____

MR CONTINUING SERVICES

This sheet lists those services the person is already receiving that need to be monitored by the planning team and which are expected to be delivered without difficulty. If at any time a Continuing Service is not available, it will become a regular Desire/Need and be entered using a Desire/Need sheet

CONTINUING SERVICE	ASSIGNED TO	TARGET DATE
Case Management	Name of person (not agency, not job title) who has responsibility for the service. <i>Enter only one name for each service. If there is shared responsibility, enter the name of the person who has primary responsibility</i>	Enter the date in mm/dd/yy format. For Continuing Services, this would generally be a year from the planning date, unless there is reason to believe a service will end within the year Note: do not enter "ongoing" in this column
Representative Payee		
Medical/Dental Coordinator		
Critical Information updates to ISC at least monthly or as changes occur		
<i>Enter the names of any other Continuing Services in this space and below</i>		

Number each sheet. If more sheets are needed, cross out the first four pre-printed services at the top of each succeeding page.